

Personal Prevention Record

Use this Personal Prevention Record to keep track of the preventive care that you have received and/or will need in the future. With the help of your health care clinician fill in how often you need each type of preventive care. Use the remaining space in each box to record other information (such as results of tests and doctor's or clinic's name).



TYPES OF PREVENTIVE CARE		ENTER DATES, RESULTS AND OTHER INFORMATION BELOW				
Blood Pressure	Date					
Every ____ month/years						
Goals ____/____						
Cholesterol						
Every ____ month/years						
Goals ____mg/dl/____						
Weight	Date					
Every ____ month/years						
Goals ____lbs/____						
Fecal Occult Blood Testing						
Every ____ years						
Sigmoidoscopy/Colonoscopy	Date					
Every ____ years						
Tetanus (Td) shot	Date					
Every 10 years						
Pneumococcal shot	Date					
Once at age 65						
Influenza	Date					
Every year starting at 50						
Dental Visits	Date					
Every ____ months						